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THEIR IMPORTANCE TO THE LOCAL HEALTH OFFICER AND HIS WORK.

By JOHN W. TRASK, Assistant Surgeon General, United States Public Health Service.

An address delivered before the First Annual Conference of Sanitary Officers of Arkansas, held at Little Rock, Ark., October 28-29, 1913.

The public health is second in importance only to the honesty and integrity of the people—if it is second to even these—for it is undoubtedly true that the honesty and integrity of a community or race depend in no small measure upon its health. Upon the health of a people depends also their prosperity. Modern life is in large measure competitive, and the sick can not hope to compete with advantage against the well.

You, the local health officers of Arkansas, are the men upon whom depends in large part the protection of the health of a State. You have a State department of health in charge of an able man who has made a study of health administration, but in the end he must depend largely upon you for whatever success may be attained in State health work. You are in reality a part of the machine that has for its work the prevention of disease in the State of Arkansas. As the health of each of your communities depends upon the health of all the individuals in it, so the health of the State depends upon the health of its various cities and counties. You are the men upon whom fall the duty and responsibility of preventing disease in your respective cities and counties. The State health department can not do it for you unless it displaces you and acts in your stead. You are essentially a part of the State health organization and must share in the credit for its successes and in the blame for any failures there may be. You have responsibilities to your respective communities, but your responsibilities to the State are just as great, for disease is no respecter of city or county boundaries, and the welfare of the State depends in a measure on health conditions in each of your cities and counties.

These statements apply not only to Arkansas and its local health officers, but to every State in the Union and to the local health officers of every State.

The work of the State health department, and your work as part of the department, is the prevention of disease. In preventing or controlling any disease the first thing that must be done is to find whether the disease is present, where it is, and under what conditions it is occurring. This is true, whether the disease is yellow fever or malaria, smallpox or typhoid fever, trachoma or tuberculosis, ophthalmia neonatorum, or any of the industrial diseases.

The only way in which the health officer can learn when dangerous diseases are present and where preventable diseases are occurring is by having physicians report the cases they find. Physicians go into the houses of the sick and in that way know what diseases are present. The health officer does not see the sick as the physician does, and he must therefore depend upon the latter for his information as to what diseases are present, and where they are. The satisfactory control of disease is impossible without the physician's cooperation in this way.

Every practicing physician is therefore a working part of the health department. He has a responsibility he can not avoid without doing injury to the community and likewise to the families to which he is the medical adviser, for these families are part of the community which suffers by his neglect. Practicing physicians are the skirmish line and the pickets of the health department, upon whom falls the duty of giving information of the presence of the enemy, the appearance in the community of cases of those diseases which it is the duty of the health department to control.

The work of the health officer has been undergoing a rapid change. Not so many years ago the duties of the health officer were limited to attempts to control only the graver diseases which were occasionally epidemic, such as cholera, plague, and yellow fever. The work of the health department has grown with the increased and more definite knowledge of the causes of disease which has been obtained during the last 30 years and to which additions are being constantly made.

Disease is now known not to be due to odors or decaying vegetation, to vapors from stagnant pools or to the breathing of sewer gas. Disease is known to be due either to living organisms which are spread from individual to individual by contact or by other means, or to improper conditions of living.

The work of the health officer is the prevention of disease in so far as we have knowledge as to how the disease can be prevented. His activities, therefore, are limited to the control of the preventable diseases, which, due to our increased information regarding diseases and the manner in which they are spread, is a broad field.

In the control of disease the first thing the health officer must know is what diseases are present, where the cases are, and under what conditions they are occurring. Without this information he is prac-

tically helpless. He can not control diseases unless he knows whether or not they are present, and when he knows what diseases are present he is still in large measure helpless until he knows where and under what conditions cases are occurring. If the community is to receive proper protection, the health officer must know of the occurrence and location of cases of the communicable diseases, for each case constitutes a focus from which the disease may spread to others. No one would attempt in this day and age to control scarlet fever in a town or city unless he had some means of knowing of the cases that were present, nor would he attempt to control diphtheria or yellow fever without information of existing cases. A knowledge of the occurrence of cases is just as necessary to the health officer in controlling typhoid fever or tuberculosis.

The necessity for a knowledge of the occurrence of cases in the prevention of disease is not limited to the communicable diseases. This knowledge is equally required in maladies due to improper living or working conditions. Many States are now attempting to prevent what are known as the industrial diseases and particularly the industrial poisonings, such as lead poisoning. To prevent these it is necessary to have the cases that do occur reported, for each case so reported shows the existence of conditions capable of producing the disease—conditions that should be remedied and usually can be.

In fact, attempts at the control of any disease will be in large measure ineffective unless based upon and controlled by case reports.

In health administration, morbidity reports—that is, reports of cases of sickness—serve several purposes, which may be briefly stated to be as follows:

1. In the communicable diseases morbidity reports show the occurrence of cases which constitute foci from which the disease may spread to others, as in scarlet fever, typhoid fever, tuberculosis or yellow fever, and make it possible to take proper precautions to protect the family of the patient, his associates, or the community at large.

2. In some diseases morbidity reports make it possible to see that the sick receive proper treatment, as in ophthalmia neonatorum, diphtheria, and, in certain cities, tuberculosis. The reporting of cases of ophthalmia in the newborn makes it possible to save the sight of some infants who would otherwise not receive adequate treatment until after much damage had been done. In diphtheria the health department can be of service in furnishing antitoxin. Some cities furnish hospital or other relief to consumptives who would otherwise be without proper treatment.

3. In diseases that are not communicable, such as those due to occupation or environment, reported cases show the location of conditions which are causing illness or injury. This makes it possible

to remedy the faulty conditions, so that others may not be similarly injured.

4. In certain diseases, of which the cause or means of spread is unknown, morbidity reports show their geographic distribution and varying prevalence, and the conditions under which cases occur. This information has great potential value in attempts to ascertain their causes and means of spread.

5. Reports of the occurrence of disease are necessary to show the need of certain sanitary measures or works and to control and check the efficiency of such measures or works when put into operation. In pulmonary tuberculosis such reports show the number of consumptives in the community and the need of sanatoria. In malaria they show the prevalence of the disease, the need for drainage and other antimosquito work, the efficiency of such work when in operation, and when a change in the prophylactic measures or additional ones are necessary. In typhoid fever they show faults in the water supply or in the control of the production and distribution of milk or in the disposal of excreta in special localities.

6. Morbidity reports when recorded over a period of time and properly compiled become a record of the past occurrence of disease. They show the relative prevalence of disease from year to year and under varying conditions. They show the effect of the introduction of public-health measures and of sanitary works. They give a history of disease not obtainable in their absence.

To do efficient work as health officers you will need to know at all times which of the preventable diseases are present in your respective communities, and how prevalent they are, and, when you get down to the work of really controlling any one of them, you will immediately want to know where the cases are.

The State has made it possible for you to have this information by requiring that physicians shall report to you all cases of certain diseases coming to their knowledge. The enforcement of this measure, however, in your respective counties and cities has been placed in your hands, so that you, and you alone, are to blame if the cases are not reported and you do not know at all times the status of these diseases within your jurisdictions. In securing these reports you will have the cooperation of every law-abiding or public-spirited physician practicing in your city or county. The people of Arkansas have, through their legislature and State board of health, made it a misdemeanor for a physician to fail to report to you every recognized case of certain designated diseases among his patients, and have fixed as a penalty for such failure a fine of not to exceed \$100, or imprisonment for not to exceed one month, or both fine and imprisonment.

This penalty is intended, of course, only for those who would not otherwise obey the law, and there should be few physicians requiring its application. Every intelligent physician will readily understand that these reports are necessary for the proper protection of his own patients as well as the community in general. He will also not want to be responsible for neglecting to report his cases of scarlet fever, diphtheria, and tuberculosis, for he will know that if others contract the disease from these unreported cases he is probably responsible, and not only responsible for the cases but for any deaths there may be among them. Every physician has a number of families who look to him as their medical adviser. His failure to report a case of a communicable disease in one of these households may result in the infection being spread, directly or indirectly, to other households among his clientele. His own patients would therefore suffer by his neglect and he would be true neither to his patients nor to the community, besides being a criminal in the eyes of the law. He would be violating the spirit of his ethical code and his citizenship.

You should, and undoubtedly will, receive the sincere cooperation of every physician worthy of your respect, and we trust that there are none otherwise in the State of Arkansas.

For the same reason that the practicing physician should report his cases of the notifiable diseases to you, you should report the cases occurring in your city or county to the State department of health. The State health department should at all times have information of the occurrence and relative prevalence of the preventable diseases throughout the State. If you fail to give this information to the State health department, you are as culpable as the physician who does not report his case to you. In fact you are probably more to blame, because you should more thoroughly realize its importance. It is only when the State department of health knows of the status of disease throughout the State that it can fulfill its proper functions. The reports received from the various cities and counties make it possible for your State health officer to know when there are threatened epidemics and to notify you, so that you can take necessary measures to protect your respective communities. They enable him to know when disease is unusually prevalent and when extraordinary measures are indicated. It enables him also to keep you informed, by printed bulletin or otherwise, of the prevalence of disease in your vicinity and throughout the State; for it is important in your work that you know of the prevalence of disease in neighboring localities as well as in your own.

Your State health officer and you, as adjuncts of the State health department, will be interested in knowing of the occurrence of epidemics and the general prevalence of the preventable diseases in

adjoining States. This will be of value in giving you early information of approaching epidemics, and will also enable you to compare the prevalence of disease in Arkansas with that in other States. For this purpose the health authorities of the several States in conference with the Federal Public Health Service adopted a plan whereby the State health departments that have the information report regularly to the Federal Public Health Service the reported prevalence of disease in their respective States. These reports are published in the Public Health Reports and sent to all persons engaged in health work who request it.

In conclusion, allow me to repeat that the success of your administration and the amount of protection you are able to give to the health of your respective cities and counties will depend largely upon the extent to which you know what preventable diseases are present, their prevalence, and the conditions under which the cases are occurring; that this information can be obtained only through reported cases; and that it depends upon you more than anyone else as to whether you will have this knowledge.

FLIES AS CARRIERS OF LAMBLIA SPORES.

THE CONTAMINATION OF FOOD WITH HUMAN EXCRETA.

By C. W. STILES, Professor of Zoology, and WM. S. KEISTER, Assistant, Hygienic Laboratory, United States Public Health Service.

In a former article, one of us¹ invited attention to the fact that the presence of certain protozoa (*Entamæba coli*, *Lambliæ*, and *Trichomonas*); in the human intestine, gives us an easy and a practical method of demonstrating that the person in question has swallowed human excreta.

The argument in support of this conclusion is as follows: These protozoa are obligatory parasites, having no free motile stage; the stage outside the body is a spore, characteristic for each one of the separate forms; despite the older literature there is nothing at present to prove that these three species of parasites are characteristic for any host other than man, although generically identical but specifically distinct forms are known for other animals (for instance, *Entamæba muris* in mice, species of *Lambliæ* in mice, rats, etc., formerly identified as identical with the species in man, but more recently considered as distinct, and various species of *Trichomonas* reported for frogs, swine, etc.); even if it be admitted that some of the forms in animals other than man are specifically identical with the forms in man, this would not invalidate the gen-

¹ Stiles, 1913, Contamination of food supplies. The value of protozoa as an aid in determining fecal contamination of the food supply. Public Health Reports, vol. 28, No. 7, Feb. 14, 1913, pp. 290-291.